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DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS) SUPPLEMENTAL APPLICATION FOR OVERSEAS EMPLOYMENT

Form Approved OMB No. 0704-0370 Expires Jun 30, 2001

PRIVACY ACT STATEMENT

AUTHORITY: 20 USC Sections 902, 903, and E.O. 9397.

ROUTINE USE: None

DISCLOSURE: Voluntary. Personal identifier data is requested

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0370), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

solely to provide positive identification of applicant. However, Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing PRINCIPAL PURPOSE: Used to screen failure to provide the requested identification information may to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. applications for qualifications eligibility. cause delay in evaluating the candidate for position vacancies. SEND COMPLETED FORM TO: DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS, RECRUITMENT UNIT, 4040 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203-1634 **SECTION I - PERSONAL DATA** (All items on this form must be completed. Items which are not applicable, enter "N/A." Leave a space between segments of Name, Street, City, State, and Zip Code.) 2. DATE OF BIRTH (YYYYMMDD) 1. SOCIAL SECURITY NUMBER 3. NAME (Last, First, Middle Initial) 4. (Area Code) TELEPHONE WORK NUMBER 5. LOCAL OR CURRENT ADDRESS (Street, City, State, ZIP Code) 6. (Area Code) TELEPHONE NUMBER 7. PERMANENT ADDRESS (Street, City, State, ZIP Code) 8. (Area Code) TELEPHONE NUMBER 9. AVAILABILITY DATE (Month and Year) 10. IS SPOUSE APPLYING? YES NO 11. SPOUSE (Complete only if the answer to Item 10 is "Yes") a. SPOUSE'S SSN c. CATEGORIES FOR WHICH SPOUSE IS APPLYING b. SPOUSE'S NAME (Last, First, Middle Initial) 12. VETERAN PREFERENCE D - 10 Points E - 10 Points A - Non-Veteran B - 5-Point - 10-Point Other (X appropriate block) Less than 30% Compensable Disability 30% or More Compensable Disability FOR OFFICIAL USE RECORD ST **ENTER SC** AGENCY PE NTE

SECTION II - POSITIONS FOR WHICH YOU ARE APPLYING										
13. EXPERIENCE 14. COURSEWORK										
	a. CATEGORY NO. (Refer to brochure for category	(Refer to brochure for category TEACHER EXPERIENCE		a. PRINCIPAL b. OI		b. TOTAL NO. OF SEMESTER HOURS*	a. PRINCIPAL COURSEWORK	b. TOTAL NO. OF SEMESTER HOURS*	a. PRINCIPAL COURSEWORK	b. TOTAL NO OF SEMESTER HOURS*
	numbers and enter in order of preference each category for	(List number of school years teaching experience in each category for which	Ed	ducational T	echnology		Family & Consumer Sc	ience	American Literature	
	which you are applying.)			Art			Humanities		Special Education	
(1)			Bu	Business			Industrial Technology		Elementary Education (Total)	
(2)			Ca	Career Education			Library Science		Methods of Art	
(3)			Сс	Computer Science			Mathematics		Methods of Langu	age Arts
(4)			Dr	Drama			Music		Methods of Math	
(5)			Ea	Early Childhood			Physical Education		Methods of Music	
(6)			En	English			Reading		Methods of Readi	ng
(7)			En	English Second Language			Science (Total)		Methods of Scien	ce
(8)			Bri	British Literature			Physics		Secondary Education	
(9)			Fo	Foreign Language:			Chemistry		Adaptive PE	
(10))		Guidance and Counseling				Biology		Talented and Gift	ed
AF HAVE VOLUTAVEN THE NITE EVANS OF VES MULTIP (A			Не	Health Education			Social Studies		Teaching of Comp	osition
15. HAVE YOU TAKEN THE NTE EXAM? IF YES, WHEN? (Month and Year) YES NO (*To convert quarter hours to semester hours, multiply quarter hour by 2/3.)										
SECTION III - EDUCATION AND TRAINING										
16. HIGHEST DEGREE HELD BA BA+15 BA+30 MA MA+15 MA+30 DOCTORATE 17. DEGREE GRANTED MONTH YEAR										
18. LAST SCHOOL YEAR OF DODDS TEACHING 19. NAME AND LOCATION OF LAST										
EXPERIENCE (Use only last 2 digits of school year) DODDS SCHOOL ASSIGNMENT 20. NAME UNDER WHICH EMPLOYED (If different from that listed)										
21. DO YOU CURRENTLY HOLD A VALID STATE CERTIFICATE? YES NO IF YES, WHAT KIND? IN WHAT STATE?										
22. HAS A VALID TEACHING CERTIFICATE EVER BEEN REVOKED FOR CAUSE? YES NO IF YES, EXPLAIN										
23. HAVE YOU HAD TRAINING AND/OR EXPERIENCE IN THE FOLLOWING CURRICULA AND/OR INSTRUCTIONAL METHODS? (X all that apply)										
- 1	a. Language Immersion g. English as a Second Language (ESL)									y. Human
	Business Lab Business Lab h. Service Learning			n. Reading Recovery t. Distance Learning						Sexuality
_	Early Childhood Education i. Cooperative Learning							•	ement Courses	z. School to
	Multiage/Multigrade Instruction j. School/Community Partnership			p. Small School Experience						Work
_	Conducting In-service Training k. Constructive Approach to Learning			q. Resource Based Learning/Information Literacy w. Portfolio Assessment						
				r. Middle School Experience x. Water Safety Instruction						
24. EXTRA-CURRICULAR ACTIVITIES (If you have directed or coached activities listed below and are willing to do so, place an "X" in the proper block(s).)										
	a. Athletic Director d. Baseball	g. Cross Country j. Chorus		m. Outward		p. Soccer	s. Track & F		v. Speed	h
	b. Swimming e. Basketball		-	─		q. Softball	t. Volleyball		w. Debate	
-	c. Band/Orchestra f. Cheerleade		_		· · ·	r. Tennis	u. Wrestling			Rifle Team
SECTION IV - CERTIFICATION										
					a. SIGNATURE	(Sign in dark	ink)		b. DATE S	GNED
25	. I CERTIFY THAT, TO THE BEST (OF MY KNOWLEDGE AND BELIEF, ALL (OF MY			5				
STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.										